

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: DH: 160000-07 DN: 0217N-12301222-13	B. Received by (Printed Name)	C. Date of Delivery 5/9
Jules Coffman, Corporate Paralegal PowerNet Global Communications, Inc. 8805 Governor's Hill Drive, Suite 250 Cincinnati, OH 45249-3314	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7006 0100 0003 1097 3287	Domestic Return Receipt 102595-02-M-1540

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 2016 MAY 17 AM 9:23
 COMMISSION
 CLERK